**Behavioral Risk Factor Surveillance System Logo**

**2017**

**Behavioral Risk Factor Surveillance System**

**Questionnaire**

**30607**

**Wyoming**

December 21, 2016

**Behavioral Risk Factor Surveillance System**

**30607 Wyoming**

**2017 Questionnaire**

**Table of Contents**

[Interviewer’s Script Sample 3](#_Toc470017357)

[Interviewer’s Script 4](#_Toc470017358)

[Landline Sample Screener 4](#_Toc470017359)

[Cell Phone Sample Screener 9](#_Toc470017360)

[**Core Sections** 12](#_Toc470017361)

[Section 1: Health Status 12](#_Toc470017362)

[Section 2: Healthy Days — Health-Related Quality of Life 12](#_Toc470017363)

[Section 3: Health Care Access 13](#_Toc470017364)

[Section 4: Hypertension Awareness 14](#_Toc470017365)

[Section 5: Cholesterol Awareness 15](#_Toc470017366)

[Section 6: Chronic Health Conditions 15](#_Toc470017367)

[Module 2: Diabetes 18](#_Toc470017368)

[Section 7: Arthritis Burden 21](#_Toc470017369)

[Section 8: Demographics 23](#_Toc470017370)

[Section 9: Tobacco Use 30](#_Toc470017371)

[Section 10: E-Cigarettes 31](#_Toc470017372)

[Section 11: Alcohol Consumption 32](#_Toc470017373)

[Section 12: Fruits and Vegetables 33](#_Toc470017374)

[Section 13: Exercise (Physical Activity) 37](#_Toc470017375)

[Section 14: Seatbelt Use 39](#_Toc470017376)

[Section 15: Immunization 40](#_Toc470017377)

[Section 16: HIV/AIDS 41](#_Toc470017378)

[Optional Modules 42](#_Toc470017379)

[Module 15: Marijuana 42](#_Toc470017380)

[Module 16: Preconception Health/Family Planning 43](#_Toc470017381)

[Module 20: Lung Cancer Screening 45](#_Toc470017382)

[Module 24: Social Determinants of Health 47](#_Toc470017383)

[Activity List for Common Leisure Activities (To be used for Section 13: Physical Activity) 49](#_Toc470017384)

# Interviewer’s Script Sample

Form Approved

OMB No. 0920-1061

Exp. Date 3/31/2018

Public reporting burden of this collection of information is estimated to average XX minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-1061).

|  |
| --- |
| NOTE: Interviewers do not need to read any part of the burden estimate nor provide the OMB number unless asked by the respondent for specific information. If a respondent asks for the length of time of the interview provide the most accurate information based on the version of the questionnaire that will be administered to that respondent. If the interviewer is not sure, provide the average time as indicated in the burden statement. If data collectors have questions concerning the BRFSS OMB process, please contact Carol Pierannunzi at [ivk7@cdc.gov](mailto:ivk7@cdc.gov). |

**Interviewer’s Script**

HELLO, I am calling for the **Wyoming Department of Health** . My name is **(name)** . We are gathering information about the health of  **Wyoming**  residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.

**CATI NOTE: Don’t Know and Refused answer codes should be present only where specified in this script; do not add codes for Don’t Know or Refused.**

**ABT SRBI MASTER QUESTIONNAIRE NOTE (remove from state questionnaires**): For 2017, We will ask the screener questions in the order the CDC has set for each frame.

# **Landline Sample Screener**

**CATI: (ASK LANDLINE SAMPLE SCREENER IF FRAME=1);**

**IF FRAME=2; GO TO CELL PHONE SCREENER**

**CTELENUM** Is this  **(phone number)** ?

1. Yes **GO TO PVTRESID**

2. No

7. (VOL) Don’t Know/Not Sure

9. (VOL) Refused

**If "No”, “Don’t Know”, “Refused”**

**SOCTEL** Thank you very much, but I seem to have dialed the wrong number. It’s possible that your number may be called at a later time. **STOP**

**PVTRESID**. Is this a private residence?

**READ ONLY IF NECESSARY: “By private residence, we mean someplace like a house or apartment.”**

**INTERVIEWER NOTE: PRIVATE RESIDENCE INCLUDES ANY HOME WHERE THE RESPONDENT SPENDS AT LEAST 30 DAYS INCLUDING VACATION HOMES, RVS OR OTHER LOCATIONS IN WHICH THE RESPONDENT LIVES FOR PORTIONS OF THE YEAR.**

1. Yes **GO TO STATERES**

2. No **GO TO COLGHOUS**

3. No, business phone only **THANK & END**

**Thank you very much but we are only interviewing persons on residential phone lines at this time.**

**College Housing**

**COLGHOUS** Do you live in college housing?

**READ ONLY IF NECESSARY: “By college housing we mean dormitory, graduate student or visiting faculty housing, or other housing arrangement provided by a college or university.”**

1. Yes **GO TO STATERES**

2. No

**If “No,”**

**SOPVTRES** Thank you very much, but we are only interviewing persons who live in a private residence or college housing at this time. **STOP**

**State of Residence**

**STATERES** Do you currently live in \_\_\_\_ Wyoming \_\_\_\_?

Yes **[Go to CELLPH]**

No **[Go to STATE]**

**IF FRAME=1 (landline) SCREEN-OUT AT ‘STATE’. .**

**STATE** Thank you very much, but we are only interviewing persons who live in the state of \_\_ Wyoming \_\_\_\_ at this time.  **STOP**

**Cellular Phone**

**CELLPH** Is this a cell telephone?

**INTERVIEWER NOTE: Telephone service over the internet counts as landline service (includes Vonage, Magic Jack and other home-based phone services).**

**Read only if necessary: “By cell (or cellular) telephone we mean a telephone that is mobile and usable outside of your neighborhood.”**

1. Yes

2. No

**CATI DUMMY QUESTION: AUTOPUNCH RESPONSE TO ‘CELLFON’. IF CELLPH=1 (YES), CELLFON=2 (YES). IF CELLPH=2 (NO), CELLFON=1 (NO).**

**CELLFON**

1 No, not a cellular telephone.

2 Yes

**CATI: IF FRAME=1 (landline) and CELLFON=1 (not a cell phone), GO TO RESPONDENT SELECTION.**

**IF FRAME=1 (landline) and CELLFON=2 (yes cell phone), THANK & END.**

**THANK YOU VERY MUCH, BUT WE ARE ONLY INTERVIEWING BY LAND LINE TELEPHONES FOR PRIVATE RESIDENCES OR COLLEGE HOUSING. (STOP)**

CATI VARIABLE, SET BRF3200=1.

**CATI NOTE:**

* **IF COLGHOUS=1 (College Housing = Yes) continue;**
* **Otherwise go to Adult Random Selection**

**CADULT** Are you 18 years of age or older?

INTERVIEWER: PLEASE CONFIRM NEGATIVE RESPONSES TO ENSURE THAT RESPONDENT HAS HEARD AND UNDERSTOOD CORRECTLY. ASK GENDER IF NECESSARY.

1          Yes, respondent is male

2          Yes, respondent is female

                        3          No

**SOCOLAD** Thank you very much, but we are only interviewing persons aged 18 or older at this time.**STOP**

**Adult Random Selection**

**CATI NOTE:**

* **IF COLGHOUS=1, Set NUMADULT=1 and Skip to [Core Section Introduction ]**

**IF FRAME=1, ASK:** I need to randomly select one adult who lives in your household to be interviewed. Excluding adults living away from home, such as students away at college. How many members of your household, including yourself, are 18 years of age or older?

**NUMADULT** \_\_ Number of adults

[INTERVIEWER: NUMBER OF ADULTS CANNOT BE ZERO IF RESPONDENT IS 18 OR OLDER:  PLEASE RE-ASK QUESTIONS.]

**If NUMADULT = 1, ASK:**

**NMADLT1** Are you the adult?

**If "yes,"**

Then you are the person I need to speak with. Enter 1 man or 1 woman below (Ask gender if necessary).

**If "no,"**

Is the adult a man or a woman? Enter 1 man (in NUMMEN) or 1 woman (in NUMWOMEN) below. May I speak with **[fill in (him/her) from previous question]**? **Go to " To the correct respondent".**

* **IF NUMADULT=2, 3, or 4, GO TO NUMMEN**
* **IF NUMADULT>4, ASK**

**PNMADULT**

Are they all 18 years of age or older, and all are currently living in the household, and the household is not a group home or institution.

1 Yes **GO TO NUMMEN**

2 No **GO BACK TO NUMADULT AND RE-ASK IT**

9 (VOL) Refused **GO TO NUMMEN**

CATI VARIABLE, SET BRF2111=1.

**NUMMEN** How many of these adults are men?

\_\_ Number of men

**NUMWOMEN** How many of these adults are women?

\_\_ Number of women

CATI VARIABLE, SET BRF2112=1.

**IF NUMMEN+NUMWOMEN DOES NOT EQUAL NUMADULT, WE NEED TO RE-ASK THE QUESTIONS. DISPLAY THE FOLLOWING TEXT SCREEN, THEN GO BACK TO NUMMEN:**

[INTERVIEWER: THE TOTAL NUMBER OF ADULTS IS NOT EQUAL TO NUMBER OF MEN AND WOMEN. PLEASE RE-ASK QUESTIONS.]

1. Continue **GO BACK TO NUMMEN**

* **IF NUMADULT<5 AND NUMWOMEN<3 AND NUMMEN<3, RANDOMLY SELECT ONE OF THE HOUSEHOLD ADULTS, THEN SAY:**

**RNAME** The person in your household that I need to speak with is the (first/second) (male/female) adult.

**[CATI: this should display as a text screen and then go to INTRO1]**

* **IF NUMADULT>4 OR NUMMEN>2 OR NUMWOMEN>2, ASK “ALLNA” TO GET THE NAMES OF EACH ADULT IN THE HOUSEHOLD. REFER TO NUMMEN AND NUMWOMEN TO DETERMINE HOW MANY OF EACH SEX TO ASK FOR A NAME (0 TO 10).**

**(IF NUMMEN=1-10) ASK FOR THE NAME OF THE “OLDEST MALE”, THEN THE “SECOND OLDEST MALE, THEN “THIRD OLDEST MALE”, ETC.**

**(IF NUMWOMEN=1-10) ASK FOR THE NAME OF THE “OLDEST FEMALE”, THEN THE “SECOND OLDEST FEMALE, THEN “THIRD OLDEST FEMALE”, ETC.**

**ALLNA** Could you please name all the (male/female) members of the household from oldest to youngest?

[ENTER NAME OF \_\_\_ OLDEST (MALE/FEMALE) ADULT]

**AFTER ALL NAMES HAVE BEEN ENTERED, RANDOMLY SELECT ONE OF THE HOUSEHOLD ADULTS, THEN SAY:**

**RNAME** The person in your household that I need to speak with is (display name of selected adult).

**[CATI: this should display as a text screen and then go to INTRO1]**

**INTRO1** May I speak with (him/her)?

1 Continue

2 Callback

3 (VOL) Refused

4 Not available duration

5 Language barrier / not Spanish

6 Physical / Mental incapacity / health / deaf

7 Screen out location

**To the correct respondent:**

HELLO, I am calling for the **Wyoming Department of Health** . My name is  **(name)** . We are gathering information about the health of **Wyoming** residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.

# **Cell Phone Sample Screener**

**CATI: (ASK CELL PHONE SAMPLE SCREENER IF FRAME=2); IF FRAME=1; GOTO CORE**

**IF FRAME=2 (CELL PHONE) ASK SAFE**

**SAFE** Is this a safe time to talk with you?

Yes **[GO TO CTELENUM]**

No **CALLBACK**

**[CATI NOTE: IF "NO”: THANK YOU VERY MUCH. WE WILL CALL YOU BACK AT A MORE CONVENIENT TIME. ([SET APPOINTMENT IF POSSIBLE]) STOP]**

**Phone**

**CTELENUM** Is this (phone number) ?

1 Yes [GO TO CELLPH]

2 No INTERVIEWER NOTE: CONFIRM TELEPHONE NUMBER

7 (VOL) Don’t Know/Not Sure

9 (VOL) Refused

**[CATI NOTE: IF "NO”, ”Don’t Know” or “REFUSED”: THANK YOU VERY MUCH, BUT I SEEM TO HAVE DIALED THE WRONG NUMBER. IT’S POSSIBLE THAT YOUR NUMBER MAY BE CALLED AT A LATER TIME. STOP]**

**CATI VARIABLE, SET BRF3200=1.**

**Cellular Phone**

**CELLPH** Is this a cell telephone?

**INTERVIEWER NOTE: Telephone service over the internet counts as landline service (includes Vonage, Magic Jack and other home-based phone services).**

**Read only if necessary: “By cell (or cellular) telephone we mean a telephone that is mobile and usable outside of your neighborhood.”**

1. Yes

2. No

**CATI DUMMY QUESTION: AUTOPUNCH RESPONSE TO ‘CELLFON’. IF CELLPH=1 (YES), CELLFON=2 (YES). IF CELLPH=2 (NO), CELLFON=1 (NO).**

**[CATI NOTE: IF "NO”: THANK YOU VERY MUCH, BUT WE ARE ONLY INTERVIEWING CELLULAR TELEPHONES. STOP]**

**CELLFON**

1 No, not a cellular telephone.

2 Yes

**CATI: IF FRAME=2 (cell phone) and CELLFON=1 (not a cell phone), THANK & END.**

**IF FRAME=2 (cell phone) and CELLFON=2 (yes cell phone), ASK CADULT.**

**Adult**

**CADULT** Are you 18 years of age or older?

INTERVIEWER: PLEASE CONFIRM NEGATIVE RESPONSES TO ENSURE THAT RESPONDENT HAS HEARD AND UNDERSTOOD CORRECTLY. ASK GENDER IF NECESSARY.

1          Yes, respondent is male            **[GO TO PRIVATE RESIDENCE]**

2          Yes, respondent is female         **[GO TO PRIVATE RESIDENCE]**

                        3          No **[GO TO SOCOLAD]**

**SOCOLAD** Thank you very much, but we are only interviewing persons aged 18 or older at this time.**STOP**

**CATI VARIABLE, SET BRF2210=1.**

**PVTRESID** . Do you live in a private residence?

**READ ONLY IF NECESSARY: “By private residence, we mean someplace like a house or apartment.”**

**INTERVIEWER NOTE: PRIVATE RESIDENCE INCLUDES ANY HOME WHERE THE RESPONDENT SPENDS AT LEAST 30 DAYS INCLUDING VACATION HOMES, RVS OR OTHER LOCATIONS IN WHICH THE RESPONDENT LIVES FOR PORTIONS OF THE YEAR.**

1. Yes **GO TO STATERES**

2. No **GO TO COLGHOUS**

3. No, business phone only **THANK & END**

**Thank you very much but we are only interviewing persons on residential phone lines at this time.**

**CATI VARIABLE, SET BRF2210=1.**

**College Housing**

**COLGHOUS** Do you live in college housing?

**READ ONLY IF NECESSARY: “By college housing we mean dormitory, graduate student or visiting faculty housing, or other housing arrangement provided by a college or university.”**

1. Yes **GO TO STATERES**

2. No

**If “No,”**

**SOPVTRES** Thank you very much, but we are only interviewing persons who live in a private residence or college housing at this time. **STOP**

**State of Residence**

**STATERES** Do you currently live in \_\_\_\_ Wyoming \_\_\_\_?

Yes **[Go to LANDLINE]**

No **[Go to RSPSTATE]**

**RSPSTATE** In what state do you currently live?

ENTER STATE

99 REFUSED **[THANK & END]**

**LANDLINE** Do you also have a landline telephone in your home that is used to make and receive calls?

**READ ONLY IF NECESSARY:** “By landline telephone, we mean a “regular” telephone in your home that is used for making or receiving calls. Please include landline phones used for both business and personal use.”

**Interviewer Note:** Telephone service over the internet counts as landline service (includes Vonage, Magic Jack and other home-based phone services.).

1 YES

2 NO

7 DON’T KNOW / NOT SURE

9 REFUSED

**[CATI NOTE: IF COLLEGE HOUSING = “YES”, DO NOT ASK NUMBER OF ADULTS QUESTIONS, GO TO CORE.]**

**NUMADULT.** How many members of your household, including yourself, are 18 years of age or older?

\_\_ Number of adults

**[CATI NOTE: IF COLLEGE HOUSING = “YES” THEN NUMBER OF ADULTS IS SET TO 1.]**

# **Core Sections**

**[INTERVIEWER NOTE: ITEMS IN PARENTHESES ANYWHERE THROUGHOUT THE QUESTIONNAIRE DO NOT NEED TO BE READ]**

I will not ask for your last name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will be confidential. If you have any questions about the survey, please call **877-551-6138.**

## 

## Section 1: Health Status

**GENHLTH** Would you say that in general your health is—

Please read:

1 Excellent

2 Very good

3 Good

4 Fair

Or

5 Poor

Do not read:

7 Don’t know / Not sure

9 Refused

***Qualified Level 1***

CATI VARIABLE, SET BRF2120=1.

## Section 2: Healthy Days — Health-Related Quality of Life

**PHYSHLTH** Now thinking about your physical health, which includes physical illness and injury, for

how many days during the past 30 days was your physical health not good?

\_ \_ Number of days

88 None

77 Don’t know / Not sure

99 Refused

MENTHLTH Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

\_ \_ Number of days

88 None **[If PHYSHLTH and MENTHLTH = 88 (None), go to next section]**

77 Don’t know / Not sure

99 Refused

**POORHLTH** During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

\_ \_ Number of days

88 None

77 Don’t know / Not sure

99 Refused

## Section 3: Health Care Access

**HLTHPLN1** Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, government plans such as Medicare, or Indian Health Service?

1 Yes

2 No \

7 Don’t know / Not sure

9 Refused

**PERSDOC2** Do you have one person you think of as your personal doctor or health care provider?

**If “No,” ask: “Is there more than one, or is there no person who you think of as your personal doctor or health care provider?”**

1 Yes, only one

2 More than one

3 No

7 Don’t know / Not sure

9 Refused

**MEDCOST** Was there a time in the past 12 months when you needed to see a doctor but could not

because of cost?

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**CHECKUP1** A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition. About how long has it been since you last visited a doctor for a routine checkup?

**Read only if necessary:**

1 Within the past year (anytime less than 12 months ago)

2 Within the past 2 years (1 year but less than 2 years ago)

3 Within the past 5 years (2 years but less than 5 years ago)

4 5 or more years ago

**Do not read:**

7 Don’t know / Not sure

8 Never

9 Refused

Section 4: Hypertension Awareness

**BPHIGH3** Have you EVER been told by a doctor, nurse, or other health professional that you have high blood pressure?

**Read only if necessary: By “other health professional” we mean a nurse practitioner, a physician’s assistant, or some other licensed health professional.**

**If “Yes” and respondent is female, ask: “Was this only when you were pregnant?”**

1 Yes

2 Yes, but female told only during pregnancy **[GO TO NEXT SECTION]**

3 No **[GO TO NEXT SECTION]**

4 Told borderline high or pre-hypertensive **[GO TO NEXT SECTION]**

7 Don’t know / Not sure **[GO TO NEXT SECTION]**

9 Refused **[GO TO NEXT SECTION]**

**BPMEDS** Are you currently taking medicine for your high blood pressure?

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

Section 5: Cholesterol Awareness

**5\_1** Blood cholesterol is a fatty substance found in the blood. About how long has it been since you last had your blood cholesterol checked?

**Read only if necessary:**

1 Never [**GO TO NEXT SECTION]**

2 Within the past year (anytime less than 12 months ago)

3 Within the past 2 years (1 year but less than 2 years ago)

4 Within the past 5 years (2 years but less than 5 years ago)

5 5 or more years ago

**Do not read:**

7 Don’t know / Not sure

9 Refused **[GO TO NEXT SECTION]**

**TOLDHI2** Have you EVER been told by a doctor, nurse or other health professional that your blood cholesterol is high?

1 Yes

2 No **[GO TO NEXT SECTION]**

7 Don’t know / Not sure **[GO TO NEXT SECTION]**

9 Refused **[GO TO NEXT SECTION]**

**5\_3** Are you currently taking medicine prescribed by a doctor or other health professional for your blood cholesterol?

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

## Section 6: Chronic Health Conditions

Has a doctor, nurse, or other health professional EVER told you that you had any of the following? For each, tell me “Yes,” “No,” or you’re “Not sure.”

**CVDINFR4**  (Ever told) you that you had a heart attack also called a myocardial infarction?

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**CVDCRHD4** (Ever told) you had angina or coronary heart disease?

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**CVDSTRK3** (Ever told) you had a stroke?

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**ASTHMA3** (Ever told) you had asthma?

1 Yes

2 No **[Go to CHCSCNCR]**

7 Don’t know / Not sure **[Go to CHCSCNCR]**

9 Refused **[Go to CHCSCNCR]**

**ASTHNOW** Do you still have asthma?

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**CHCSCNCR** (Ever told) you had skin cancer?

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**CHCOCNCR** (Ever told) you had any other types of cancer?

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**CHCCOPD** (Ever told) you have Chronic Obstructive Pulmonary Disease or COPD, emphysema or chronic bronchitis?

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**HAVARTH3** (Ever told) you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**INTERVIEWER NOTE:** Arthritis diagnoses include:

* + - rheumatism, polymyalgia rheumatica
    - osteoarthritis (not osteoporosis)
    - tendonitis, bursitis, bunion, tennis elbow
    - carpal tunnel syndrome, tarsal tunnel syndrome
    - joint infection, Reiter’s syndrome
    - ankylosing spondylitis; spondylosis
    - rotator cuff syndrome
    - connective tissue disease, scleroderma, polymyositis, Raynaud’s syndrome
    - vasculitis (giant cell arteritis, Henoch-Schonlein purpura, Wegener’s granulomatosis, polyarteritis nodosa)

**ADDEPEV2** (Ever told) you have a depressive disorder, (including depression, major depression, dysthymia) or minor depression?

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**CHCKIDNY** (Ever told) you have kidney disease? Do NOT include kidney stones, bladder infection or incontinence.

**INTERVIEWER NOTE: Incontinence is not being able to control urine flow.**

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**DIABETE3** (Ever told) you have diabetes?

If “Yes” and respondent is female, ask: “Was this only when you were pregnant?”

If respondent says pre-diabetes or borderline diabetes, use response code 4.

1 Yes

2 Yes, but female told only during pregnancy

3 No

4 No, pre-diabetes or borderline diabetes

7 Don’t know / Not sure

9 Refused

**CATI note: If DIABETE3 = 1 (Yes), go to next question (DIABAGE2). If any other response to DIABETE3, go to next section.**

**DIABAGE2** How old were you when you were told you have diabetes?

\_ \_ Code age in years **[97 = 97 and older]**

9 8 Don’t know / Not sure

9 9 Refused

**CATI: IF DIABAGE2>52 AND DIABAGE2<98, CONFIRM; ELSE GO to Diabetes Optional Module (if used). Otherwise, go to next section**

**CNFDBAG** INTERVIEWER: Is **[DISPLAY RESPONSE TO DIABAGE2]** the correct age when respondent was diagnosed with diabetes?

1 Yes, age is correct **GO TO next section**

2 No **GO TO DIABAGE2**

## Module 2: Diabetes

**IF STATERES=1 (WYOMING RESIDENT) CONTINUE, ELSE GO TO NEXT SECTION.**

**[CATI NOTE: To be asked following Core DIABAGE2; if response is "Yes" (code = 1) and Core DIABETE3 is “Yes” (CODE = 1).]**

**INSULIN** Are you now taking insulin?

1 Yes

2 No

9 Refused

**BLDSUGAR** About how often do you check your blood for glucose or sugar? Include times when checked by a family member or friend, but do NOT include times when checked by a health professional.

**INTERVIEW NOTE: ENTER QUANTITY PER DAY, WEEK OR MONTH**

1 \_ \_ Times per day

2 \_ \_ Times per week

3 \_ \_ Times per month

4 \_ \_ Times per year

8 8 8 Never

7 7 7 Don’t know / Not sure

9 9 9 Refused

**INTERVIEWER NOTE: If the respondent uses a continuous glucose monitoring system (a sensor inserted under the skin to check glucose levels continuously), fill in ‘98 times per day.’**

**[if (BLDSUGAD > 5 AND < 76) OR (BLDSUGAW > 35 AND < 76) ASK:]**

**XBLDSGR** I would like to confirm you check your blood for glucose or sugar **[INSERT # FROM BLDSUGAD/BLDSUGAW]** times per **[day/week].** Is that correct?

1 Yes [Go to FEETCHK2]

2 No **[Go to BLDSUGAD/BLDSUGAW]**

**FEETCHK2** About how often do you check your feet for any sores or irritations? Include times when checked by a family member or friend, but do NOT include times when checked by a health professional.

**INTERVIEW NOTE: ENTER QUANTITY PER DAY, WEEK OR MONTH**

1 \_ \_ Times per day

2 \_ \_ Times per week

3 \_ \_ Times per month

4 \_ \_ Times per year

5 5 5 No feet

8 8 8 Never

7 7 7 Don’t know / Not sure

9 9 9 Refused

**[if (FTCHK2D > 5 AND < 76) OR (FTCHK2W > 35 AND < 76) ASK:]**

**XFTCH2** I would like to confirm you check your feet for any sores or irritations **[INSERT # FROM FTCHK2D/FTCHK2W]** times per **[day/week].** Is that correct?

1 Yes  **[Go to DOCTDIAB]**

2 No  **[Go to FTCHK2D/FTCHK2W]**

**DOCTDIAB** About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes?

\_ \_ Number of times **[76 = 76 or more]**

8 8 None

7 7 Don’t know / Not sure

9 9 Refused

**[if (DOCTDIAB > 52 AND < 77) ASK:]**

**XDTDIAB** I would like to confirm you have seen a health professional for yourdiabetes **[INSERT # FROM DOCTDIAB**] times in the past 12 months. Is that correct?

1 Yes  **[Go to CHKHEMO3]**

2 No **[Go to DOCTDIAB]**

**CHKHEMO3** A test for "A one C" measures the average level of blood sugar over the past three months. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for "A one C"?

\_ \_ Number of times **[76 = 76 or more]**

8 8 None

9 8 Never heard of “A one C” test

7 7 Don’t know / Not sure

9 9 Refused

**CATI note: If FEETCHK2 = 555 (No feet), go to EYEEXAM.**

**FEETCHK** About how many times in the past 12 months has a health professional checked your feet for any sores or irritations?

\_ \_ Number of times **[76 = 76 or more]**

8 8 None

7 7 Don’t know / Not sure

9 9 Refused

**[if (FEETCHK > 52 AND < 77) ASK:]**

**XFTCHK** I would like to confirm a health professional has checked your feet for sores or irritations **[INSERT # FROM FEETCHK]** times in the past 12 months. Is that correct?

1 Yes **[Go to EYEEXAM]**

2 No **[Go to FEETCHK]**

**EYEEXAM** When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light.

**Read only if necessary:**

1 Within the past month (anytime less than 1 month ago)

2 Within the past year (1 month but less than 12 months ago)

3 Within the past 2 years (1 year but less than 2 years ago)

4 2 or more years ago

**Do not read:**

1. Don’t know / Not sure
2. Never

9 Refused

**DIABEYE** Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy?

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**DIABEDU** Have you ever taken a course or class in how to manage your diabetes yourself?

1 Yes

2 No

7 Don't know / Not sure

9 Refused

Section 7: Arthritis Burden

**[CATI NOTE: If HAVARTH3 = 1 (yes) then continue, else go to next section.]**

Next, I will ask you about your arthritis.

Arthritis can cause symptoms like pain, aching, or stiffness in or around a joint.

**LMTJOIN2** Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms?

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**INTERVIEWER INSTRUCTION: If a question arises about medications or treatment, then the interviewer should say: “Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment.”**

**INTERVIEWER NOTE: ARTHDIS2 should be asked of all respondents regardless of employment. status.**

**ARTHDIS2** In this next question, we are referring to work for pay. Do arthritis or joint symptoms now affect whether you work, the type of work you do, or the amount of work you do?

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**INTERVIEWER INSTRUCTION: If respondent gives an answer to each issue (whether respondent works, type of work, or amount of work), then if any issue is “yes” mark the overall response as “yes.”**

**If a question arises about medications or treatment, then the interviewer should say: “Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment.”**

**ARTHSOCL**  During the past 30 days, to what extent has your arthritis or joint symptoms interfered with your normal social activities, such as going shopping, to the movies, or to religious or social gatherings?

**Please read:**

1 A lot

2 A little

3 Not at all

**Do not read:**

7 Don’t know / Not sure

9 Refused

**INTERVIEWER INSTRUCTION: If a question arises about medications or treatment, then the interviewer should say: “Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment.”**

**JOINPAIN** Please think about the past 30 days, keeping in mind all of your joint pain or aching and whether or not you have taken medication. On a scale of 0 to 10 where 0 is no pain or aching and 10 is pain or aching as bad as it can be, DURING THE PAST 30 DAYS, how bad was your joint pain ON AVERAGE?

\_ \_ Enter number [00-10]

7 7 Don’t know / Not sure

9 9 Refused

## Section 8: Demographics

**SEX** Are you … **[READ LIST]**

1 Male

2 Female?

**AGE** What is your age?

\_ \_ Code age in years

0 7 Don’t know / Not sure

0 9 Refused

**{CATI: if (DIABAGE2 = 01-97 and AGE = 18-99) AND (DIABAGE2 > AGE), continue; else go to HISPANC3}**

**UPDTAGDI** I’m sorry, you indicated you were **{CATI: fill-in response from AGE}** years old, and were first diagnosed with Diabetes at age **{CATI: fill-in response from DIABAGE2}**. What was your age when you were FIRST diagnosed with diabetes?

Update age **GO TO AGE**

Update diabetes age **GO TO DIABAGE2**

**HISPANC3** Are you Hispanic, Latino/a, or Spanish origin?

**If yes, ask: Are you…**

**INTERVIEWER NOTE: *One or more categories may be selected.***

1 Mexican, Mexican American, Chicano/a

2 Puerto Rican

3 Cuban

4 Another Hispanic, Latino/a, or Spanish origin

**Do not read:**

5 No

8 No additional choices (DP code only)

7 Don’t know / Not sure

9 Refused

**MRACEA** Which one or more of the following would you say is your race?

**Interviewer Note: Select all that apply.**

**Please read:**

10 White

20 Black or African American

30 American Indian or Alaska Native

40 Asian

50 Pacific Islander

**Do not read:**

60 Other (specify)

88 No additional choices (DP code only)

77 Don’t know / Not sure

99 Refused

**IF MRACEA=40 OR 50, ASK MRACEB. ELSE SKIP TO MRACE2**

**CATI: IF MRACEA=40, SHOW CODES 41-47, 99. IF MRACEA=50, SHOW CODES 51-54, 99.**

**MRACEB** Would you say you are . . . [READ LIST, MULTIPLE RECORD]

41 Asian Indian

42 Chinese

43 Filipino

44 Japanese

45 Korean

46 Vietnamese

47 Other Asian

51 Native Hawaiian

52 Guamanian or Chamorro

53 Samoan

54 Other Pacific Islander

99 (VOL) Refused

**MRACE2**: CATI dummy variable to hold the respondent race.

**CATI CODE RESPONSES FROM MRACEA AND MRACEB. IF MRACEA=40 AND MRACEB=99, CODE MRACE2=40. IF MRACEA=0 AND MRACEB=90, CODE MRACE2=50.**

10 White

20 Black or African American

30 American Indian or Alaska Native

40 Asian

50 Pacific Islander

60 Other

77 (VOL) Don’t know/Not sure

88 No additional choices (DP code only)

99 (VOL) Refused

41 Asian Indian

42 Chinese

43 Filipino

44 Japanese

45 Korean

46 Vietnamese

47 Other Asian

51 Native Hawaiian

52 Guamanian or Chamorro

53 Samoan

54 Other Pacific Islander

**CATI note: If more than one response to MRACE2; continue. Otherwise, go to MARITAL.**

**SHOW RESPONSES IN MRACE2**

**ORACE3** Which one of these groups would you say best represents your race?

10 White

20 Black or African American

30 American Indian or Alaska Native

40 Asian

41 Asian Indian

42 Chinese

43 Filipino

44 Japanese

45 Korean

46 Vietnamese

47 Other Asian

50 Pacific Islander

51 Native Hawaiian

52 Guamanian or Chamorro

53 Samoan

54 Other Pacific Islander

60 Other

77 (VOL) Don’t know/Not sure

88 No additional choices (DP code only)

99 (VOL) Refused

**MARITAL** Are you…?

**Please read:**

1 Married

2 Divorced

3 Widowed

4 Separated

5 Never married,

**Or**

6 A member of an unmarried couple

**Do not read:**

9 Refused

**EDUCA** What is the highest grade or year of school you completed?

**Read only if necessary:**

1 Never attended school or only attended kindergarten

2 Grades 1 through 8 (Elementary)

3 Grades 9 through 11 (Some high school)

4 Grade 12 or GED (High school graduate)

5 College 1 year to 3 years (Some college or technical school)

6 College 4 years or more (College graduate)

**Do not read:**

9 Refused

**RENTHOM1** Do you own or rent your home?

**Read only if necessary:**

1 Own

2 Rent

3 Other arrangement

7 Don’t know / Not sure

9 Refused

**INTERVIEWER NOTE: “Other arrangement” may include group home, staying with friends or family without paying rent.**

**NOTE: Home is defined as the place where you live most of the time/the majority of the year.**

**INTERVIEWER NOTE: IF RESPONDENT ASKS ABOUT WHY WE ARE ASKING THIS QUESTION: We ask this question in order to compare health indicators among people with different housing situations.**

**CTYCODE1** In what county do you currently live?

\_ \_ \_ ANSI County Code (formerly FIPS county code)

7 7 7 Don’t know / Not sure

9 9 9 Refused

**ZIPCODE** What is the ZIP Code where you currently live?

\_ \_ \_ \_ \_ ZIP Code **[RANGE: 82001-83414]**

7 7 7 7 7 Don’t know / Not sure

8 8 8 8 8 Other State Zip Code (SPECIFY)

9 9 9 9 9 Refused

**CATI NOTE: IF FRAME 2, SKIP TO VETERAN3 (QSTVER GE 20)**

**NUMHHOL2** Do you have more than one telephone number in your household? Do not include

cell phones or numbers that are only used by a computer or fax machine.

1 Yes

2 No **[Go to CPDEMO1]**

7 Don’t know / Not sure **[Go to CPDEMO1]**

9 Refused **[Go to CPDEMO1]**

**NUMPHON2** How many of these telephone numbers are residential numbers?

\_ Residential telephone numbers **[6 = 6 or more]**

7 Don’t know / Not sure

9 Refused

**CPDEMO1** Including phones for business and personal use, do you have a cell phone for personal use?

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**VETERAN3** Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit?

**INTERVIEWER NOTE: Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War**.

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**EMPLOY1** Are you currently…?

**INTERVIEWER NOTE: If more than one, say: “Select the category which best describes you.”**

**INTERVIEWER NOTE: DO NOT CODE 7 FOR “DON’T KNOW” ON THIS QUESTION.**

**Please read:**

1 Employed for wages

2 Self-employed

3 Out of work for 1 year or more

4 Out of work for less than 1 year

5 A Homemaker

6 A Student

7 Retired, **or**

8 Unable to work

**Do not read:**

9 Refused

**CHILDREN** How many children less than 18 years of age live in your household?

\_ \_ Number of children

8 8 None

9 9 Refused

CATI VARIABLE, SET BRF1200=1.

***Qualified Level 2***

**INCOME2** Is your annual household income from all sources—

**If respondent refuses at ANY income level, code ‘99’ (Refused)**

04 Less than $25,000 **If “no,” ask 05; if “yes,” ask 03**

($20,000 to less than $25,000)

03 Less than $20,000 **If “no,” code 04; if “yes,” ask 02**

($15,000 to less than $20,000)

02 Less than $15,000 **If “no,” code 03; if “yes,” ask 01**

($10,000 to less than $15,000)

01 Less than $10,000 **If “no,” code 02**

05 Less than $35,000 **If “no,” ask 06**

($25,000 to less than $35,000)

06 Less than $50,000 **If “no,” ask 07**

($35,000 to less than $50,000)

07 Less than $75,000 **If “no,” code 08**

($50,000 to less than $75,000)

08 $75,000 or more

**Do not read:**

77 Don’t know / Not sure

99 Refused

**INTERNET** Have you used the internet in the past 30 days?

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**WEIGHT2** About how much do you weigh without shoes?

**INTERVIEWER NOTE: IF RESPONDENT ANSWERS IN METRICS, PUT “9” IN COLUMN 183.**

**ROUND FRACTIONS UP**

**\_ \_ \_ \_** Weight

*(pounds/kilograms)*

7 7 7 7 Don’t know / Not sure

9 9 9 9 Refused

**HEIGHT3** About how tall are you without shoes?

**INTERVIEWER NOTE: IF RESPONDENT ANSWERS IN METRICS, PUT “9” IN COLUMN 187.**

**ROUND FRACTIONS DOWN**

**\_ \_ / \_ \_** Height

*(f t* / *inches/meters/centimeters)*

7 7 / 7 7 Don’t know / Not sure

9 9 / 9 9 Refused

**If SEX=1, go to S8.22, if female respondent is 50 years old or older, go to text screen prior to S8.22]**

**PREGNANT** To your knowledge, are you now pregnant?

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

The following questions are about health problems or impairments you may have.

Some people who are deaf or have serious difficulty hearing may or may not use equipment to communicate by phone.

**S8.22** Are you deaf or do you have serious difficulty hearing?

1 Yes

2 No

7 Don’t know / Not Sure

9 Refused

**BLIND** Are you blind or do you have serious difficulty seeing, even when wearing glasses?

1 Yes

2 No

7 Don’t know / Not Sure

9 Refused

**DECIDE** Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**DIFFWALK** Do you have serious difficulty walking or climbing stairs?

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**DIFFDRES** Do you have difficulty dressing or bathing?

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**DIFFALON** Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor’s office or shopping?

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

## Section 9: Tobacco Use

**SMOKE100** Have you smoked at least 100 cigarettes in your entire life?

**INTERVIEWER NOTE:** “For cigarettes, do not include: electronic cigarettes (e-cigarettes, NJOY, Bluetip), herbal cigarettes, cigars, cigarillos, little cigars, pipes, bidis, kreteks, water pipes (hookahs) or marijuana.”

**INTERVIEWER NOTE: 5 PACKS = 100 CIGARETTES**

1 Yes

2 No **[Go to USENOW3]**

7 Don’t know / Not sure **[Go to USENOW3]**

9 Refused **[Go to USENOW3]**

**SMOKDAY2** Do you now smoke cigarettes every day, some days, or not at all?

**Do not read:**

1 Every day

2 Some days

3 Not at all **[Go to LASTSMK2]**

7 Don’t know / Not sure **[Go to USENOW3]**

9 Refused **[Go to USENOW3]**

**STOPSMK2** During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?

1 Yes **[GO TO USENOW3]**

2 No **[GO TO USENOW3]**

7 Don’t know / Not sure **[GO TO USENOW3]**

9 Refused **[GO TO USENOW3]**

**LASTSMK2** How long has it been since you last smoked a cigarette, even one or two puffs?

**Read only if necessary:**

01 Within the past month (less than 1 month ago)

02 Within the past 3 months (1 month but less than 3 months ago)

03 Within the past 6 months (3 months but less than 6 months ago)

04 Within the past year (6 months but less than 1 year ago)

05 Within the past 5 years (1 year but less than 5 years ago)

06 Within the past 10 years (5 years but less than 10 years ago)

07 10 years or more

08 Never smoked regularly

**Do not read:**

77 Don’t know / Not sure

99 Refused

**USENOW3** Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?

**Snus (rhymes with ‘goose’)**

**NOTE: Snus (Swedish for snuff) is a moist smokeless tobacco, usually sold in small pouches that are placed under the lip against the gum.**

**Do not read:**

1 Every day

2 Some days

3 Not at all

7 Don’t know / Not sure

9 Refused

## Section 10: E-Cigarettes

The next questions are about electronic cigarettes and other electronic “vaping” products. These products typically contain nicotine, flavors, and other ingredients. Do not include products used only for marijuana.

**INTERVIEWER NOTE: These questions concern electronic vaping products for nicotine use. The use of electronic vaping products for marijuana use is not included in these questions.**

**S10.1** Have you ever used an e-cigarette or other electronic “vaping” product, even just one time, in your entire life?

**Read if necessary:** Electronic cigarettes (e-cigarettes) and other electronic “vaping” products include electronic hookahs (e-hookahs), vape pens, e-cigars, and others. These products are battery-powered and usually contain nicotine and flavors such as fruit, mint, or candy.

1 Yes

2 No **[go to next section]**

7 Don’t know / Not sure **[go to next section]**

9 Refused **[go to next section]**

**S10.2** Do you now use e-cigarettes or other electronic “vaping” products every day, some days, or not at all?

1 Every day

2 Some days

3 Not at all

7 Don’t know / Not sure

9 Refused

## Section 11: Alcohol Consumption

**ALCDAY5** During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?

1 \_ \_ Days per week

2 \_ \_ Days in past 30 days

8 8 8 No drinks in past 30 days **[GO TO NEXT SECTION]**

7 7 7 Don’t know / Not sure **[GO TO NEXT SECTION]**

9 9 9 Refused **[GO TO NEXT SECTION]**

**AVEDRNK2** One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?

**NOTE: A 40 ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.**

\_ \_ Number of drinks

7 7 Don’t know / Not sure

9 9 Refused

**[if AVEDRNK2 > 9 AND < 77 ASK:]**

**CHKAVEDRNK2** I would like to confirm that during the past 30 days, on the days you drank, you drank on average **[insert # from AVEDRNK2]** drinks. Is that correct?

1 Yes **[Go to DRNK3GE5]**

2 No **[Go back to AVEDRNK2]**

**DRNK3GE5** Considering all types of alcoholic beverages, how many times during the past 30 days did you have **X [CATI NOTE: X = 5 FOR MEN, X = 4 FOR WOMEN]** or more drinks on an occasion?

\_ \_ Number of times

8 8 None

7 7 Don’t know / Not sure

9 9 Refused

**MAXDRNKS** During the past 30 days, what is the largest number of drinks you had on any occasion?

\_ \_ Number of drinks

7 7 Don’t know / Not sure

9 9 Refused

**CATI: IF** **DRNK3GE5=88 AND SEX=1, MAXDRNKS CANNOT BE 5-76. IF** **DRNK3GE5=88 AND SEX=2, MAXDRNKS CANNOT BE 4-76.**

**[if MAXDRNKS > 9 AND < 77 ASK:]**

**CHKMXDRNKS** I would like to confirm that during the past 30 days, the largest number of drinks you had was **//INSERT # FROM MAXDRNKS//** drinks. Is that correct?

1 Yes **[Go to NEXT SECTION]**

2 No **[Go back to MAXDRNKS]**

Section 12: Fruits and Vegetables

Now think about the foods you ate or drank during the past month, that is, the past 30 days, including meals and snacks.

**INTERVIEWER INSTRUCTIONS: IF A RESPONDENT INDICATES THAT THEY CONSUME A FOOD ITEM EVERY DAY THEN ENTER THE NUMBER OF TIMES PER DAY. IF THE RESPONDENT INDICATES THAT THEY EAT A FOOD LESS THAN DAILY, THEN ENTER TIMES PER WEEK OR TIMES PER MONTH. DO NOT ENTER TIMES PER DAY UNLESS THE RESPONDENT REPORTS THAT HE/SHE CONSUMED THAT FOOD ITEM EACH DAY DURING THE PAST MONTH.**

**12\_1** Not including juices, how often did you eat fruit? You can tell me times per day, times per week or times per month.

**INTERVIEWER NOTE: ENTER QUANTITY IN TIMES PER DAY, WEEK, OR MONTH.**

**IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK “WAS THAT PER DAY, WEEK, OR MONTH?”**

**READ IF RESPONDENT ASKS WHAT TO INCLUDE OR SAYS ‘I DON’T KNOW’: INCLUDE FRESH, FROZEN OR CANNED FRUIT. DO NOT INCLUDE DRIED FRUITS.**

1\_ \_ Day

2\_ \_ Week

3\_ \_ Month

300 Less than once a month

555 Never

7 7 7 Don’t Know

9 9 9 Refused

**[if (12\_1D > 5 AND < 76) OR (12\_1W > 38 AND <76) ASK:]**

**DUM\_12\_1** I would like to confirm you eat **[insert # from 12\_1D/12\_1W]** servings of fruit per [day/week]. Is that correct?

1 Yes **[Go to 12\_2]**

2 No **[Go to 12\_1D/12\_1W]**

**12\_2** Not including fruit-flavored drinks or fruit juices with added sugar, how often did you drink 100% fruit juice such as apple or orange juice?

**INTERVIEWER NOTE: ENTER QUANTITY IN TIMES PER DAY, WEEK, OR MONTH.**

**IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK “WAS THAT PER DAY, WEEK, OR MONTH?”**

**READ IF RESPONDENT ASKS ABOUT EXAMPLES OF FRUIT-FLAVORED DRINKS: “DO NOT INCLUDE FRUIT-FLAVORED DRINKS WITH ADDED SUGAR LIKE CRANBERRY COCKTAIL, HI-C, LEMONADE, KOOL-AID, GATORADE, TAMPICO, AND SUNNY DELIGHT. INCLUDE ONLY 100% PURE JUICES OR 100% JUICE BLENDS.”**

1\_ \_ Day

2\_ \_ Week

3\_ \_ Month

300 Less than once a month

555 Never

7 7 7 Don’t Know

9 9 9 Refused

**[if (12\_2D > 5 AND < 76) OR (12\_2W > 38 AND <76) ASK:]**

**DUM\_12\_2** I would like to confirm you drink **[insert # from 12\_2D/12\_2W]** servings of fruit juice per [day/week]. Is that correct?

1 Yes **[Go to 12\_3]**

2 No **[Go to 12\_2D/12\_2W]**

**12\_3** How often did you eat a green leafy or lettuce salad, with or without other vegetables?

**INTERVIEWER NOTE: ENTER QUANTITY IN TIMES PER DAY, WEEK, OR MONTH.**

**IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK “WAS THAT PER DAY, WEEK, OR MONTH?**

**READ IF RESPONDENT ASKS ABOUT SPINACH: “INCLUDE SPINACH SALADS.”**

1\_ \_ Day

2\_ \_ Week

3\_ \_ Month

300 Less than once a month

555 Never

7 7 7 Don’t Know

9 9 9 Refused

**[if (12\_3D > 5 AND < 76) OR (12\_3W > 38 AND <76) ASK:]**

**DUM\_12\_3** I would like to confirm you eat **[insert # from 12\_3D/12\_3W]** servings of green leafy or lettuce salad per [day/week]. Is that correct?

1 Yes **[Go to 12\_4]**

2 No **[Go to 12\_3D/12\_3W]**

**12\_4** How often did you eat any kind of fried potatoes, including french fries, home fries, or hash browns?

**INTERVIEWER NOTE: ENTER QUANTITY IN TIMES PER DAY, WEEK, OR MONTH.**

**IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK “WAS THAT PER DAY, WEEK, OR MONTH?**

**READ IF RESPONDENT ASKS ABOUT POTATO CHIPS: “DO NOT INCLUDE POTATO CHIPS.”**

1\_ \_ Day

2\_ \_ Week

3\_ \_ Month

300 Less than once a month

555 Never

7 7 7 Don’t Know

9 9 9 Refused

**[if (12\_4D > 5 AND < 76) OR (12\_4W > 38 AND <76) ASK:]**

**DUM\_12\_4** I would like to confirm you eat **[insert # from 12\_4D/12\_4W]** servings of fried potatoes per [day/week]. Is that correct?

1 Yes **[Go to 12\_5]**

2 No **[Go to 12\_4D/12\_4W]**

**12\_5** How often did you eat any other kind of potatoes, or sweet potatoes, such as baked, boiled, mashed potatoes, or potato salad?

**INTERVIEWER NOTE: ENTER QUANTITY IN TIMES PER DAY, WEEK, OR MONTH.**

**IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK “WAS THAT PER DAY, WEEK, OR MONTH?”**

**READ IF RESPONDENT ASKS ABOUT WHAT TYPES OF POTATOES TO INCLUDE: “INCLUDE ALL TYPES OF POTATOES EXCEPT FRIED. INCLUDE POTATOES AU GRATIN, SCALLOPED POTATOES.”**

1\_ \_ Day

2\_ \_ Week

3\_ \_ Month

300 Less than once a month

555 Never

7 7 7 Don’t Know

9 9 9 Refused

**[if (12\_5D > 5 AND < 76) OR (12\_5W > 38 AND <76) ASK:]**

**DUM\_12\_5** I would like to confirm you eat **[insert # from 12\_5D/12\_5W]** servings of any other kind of potatoes or sweet potatoes per [day/week]. Is that correct?

1 Yes **[Go to 12\_6]**

2 No **[Go to 12\_4D/12\_5W]**

**12.6** Not including lettuce salads and potatoes, how often did you eat other vegetables?

**INTERVIEWER NOTE: ENTER QUANTITY IN TIMES PER DAY, WEEK, OR MONTH.**

**IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK “WAS THAT PER DAY, WEEK, OR MONTH?”**

**READ IF RESPONDENT ASKS ABOUT WHAT TO INCLUDE: “INCLUDE TOMATOES, GREEN BEANS, CARROTS, CORN, CABBAGE, BEAN SPROUTS, COLLARD GREENS, AND BROCCOLI. INCLUDE RAW, COOKED, CANNED, OR FROZEN VEGETABLES. DO NOT INCLUDE RICE.”**

1\_ \_ Day

2\_ \_ Week

3\_ \_ Month

300 Less than once a month

555 Never

7 7 7 Don’t Know

9 9 9 Refused

**[if (12\_6D > 5 AND < 76) OR (12\_6W > 38 AND <76) ASK:]**

**DUM\_12\_6** I would like to confirm you eat **[insert # from 12\_6D/12\_6W]** servings of other vegetables per [day/week]. Is that correct?

1 Yes **[Go to next section]**

2 No **[Go to 12\_6D/12\_6W]**

## Section 13: Exercise (Physical Activity)

The next few questions are about exercise, recreation, or physical activities other than your regular job duties.

**EXERANY3** During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?

**INTERVIEWER INSTRUCTION:** If respondent does not have a “regular job duty” or is retired, they may count the physical activity or exercise they spend the most time doing in a regular month.

1 Yes

2 No **[GO TO EXOFTSTR]**

7 Don’t know / Not sure **[GO TO EXOFTSTR]**

9 Refused **[GO TO EXOFTSTR]**

**EXERACT3** What type of physical activity or exercise did you spend the most time doing during the past month?

\_ \_ (Specify) **[See Physical Activity Coding List]**

7 7 Don’t know / Not Sure **[GO TO EXOFTSTR]**

9 9 Refused **[GO TO EXOFTSTR]**

**INTERVIEWER INSTRUCTION: If the respondent’s activity is not included in the Physical Activity Coding List, choose the option listed as “Other”.**

**EXEROFT1** How many times per week or per month did you take part in this activity during the past month?

1\_ \_ Times per week

2\_ \_ Times per month

7 7 7 Don’t know / Not sure

9 9 9 Refused

**[if (EXROFT1W > 6 AND < 76) OR (EXROFT1M > 37 AND < 76) ASK:]**

**DUM\_EXROFT1** I would like to confirm you took part in this activity **[insert # from EXROFT1W/EXROFT1M]** times per [week/month]. Is that correct?

1 Yes **[Go to EXERHMM1]**

2 No **[Go to EXROFT1W/EXROFT1M]**

**EXERHMM1** And when you took part in this activity, for how many minutes or hours did you usually keep at it?

\_:\_ \_ Hours and minutes

7 7 7 Don’t know / Not sure

9 9 9 Refused

**EXERACT4** What other type of physical activity gave you the next most exercise during the past month?

\_ \_ (Specify) **[See Physical Activity Coding List]**

88 No other activity **[GO TO EXOFTSTR]**

77 Don’t know / Not Sure **[GO TO EXOFTSTR]**

99 Refused **[GO TO EXOFTSTR]**

**INTERVIEWER INSTRUCTION: If the respondent’s activity is not included in the Coding Physical Activity List, choose the option listed as “Other”.**

**EXEROFT2** How many times per week or per month did you take part in this activity during the past month?

1\_ \_ Times per week

2\_ \_ Times per month

7 7 7 Don’t know / Not sure

9 9 9 Refused

**[if (EXROFT2W > 6 AND < 76) OR (EXROFT2M > 37 AND < 76) ASK:]**

**DUM\_EXROFT2** I would like to confirm you took part in this activity **[insert # from EXROFT2W/EXROFT2M]** times per **[week/month]**. Is that correct?

1 Yes **[Go to EXERHMM2]**

2 No **[Go to EXROFT2W/EXROFT2M]**

**EXERHMM2** And when you took part in this activity, for how many minutes or hours did you usually keep at it?

\_:\_ \_ Hours and minutes

7 7 7 Don’t know / Not sure

9 9 9 Refused

**EXOFTSTR** During the past month, how many times per week or per month did you do physical activities or exercises to STRENGTHEN your muscles? Do NOT count aerobic activities like walking, running, or bicycling. Count activities using your own body weight like yoga, sit-ups or push-ups and those using weight machines, free weights, or elastic bands.

1\_ \_ Times per week

2\_ \_ Times per month

8 8 8 Never

7 7 7 Don’t know / Not sure

9 9 9 Refused

**[if (EXROFTSW > 6 AND < 76) OR (EXROFTSM > 37 AND < 76) ASK:]**

**DUM\_EXROFTSW** I would like to confirm you took part in this activity **[insert # from EXROFTSW/EXROFTSM]** times per **[week/month]**. Is that correct?

1 Yes **[Go to next section]**

2 No **[Go to EXROFTSW/EXROFTSM]**

Section 14: Seatbelt Use

**SEATBELT** How often do you use seat belts when you drive or ride in a car? Would you say —

**Please read:**

1 Always

2 Nearly always

3 Sometimes

4 Seldom

5 Never

**Do not read:**

7 Don’t know / Not sure

8 Never drive or ride in a car

1. Refused

## Section 15: Immunization

Now I will ask you questions about the flu vaccine. There are two ways to get the flu vaccine, one is a shot in the arm and the other is a spray, mist, or drop in the nose called FluMist™.

**FLUSHOT6** During the past 12 months, have you had either a flu shot or a flu vaccine that was sprayed in your nose?

**Read only if necessary:** A new flu shot came out in 2011 that injects vaccine into the skin with a very small needle. It is called Fluzone Intradermal vaccine. This is also considered a flu shot.

1 Yes

2 No **[GO TO PNEUVAC3]**

7 Don’t know / Not sure **[GO TO PNEUVAC3]**

9 Refused **[GO TO PNEUVAC3]**

**FLSHTMY2** During what month and year did you receive your most recent flu shot injected into your arm or flu vaccine that was sprayed in your nose?

\_ \_ / \_ \_ \_ \_ Month / Year

7 7 / 7 7 7 7 Don’t know / Not sure

9 9 / 9 9 9 9 Refused

**PNEUVAC3** A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person’s lifetime and is different from the flu shot. Have you ever had a pneumonia shot?

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**CATI NOTE: If respondent is (less than 50 years of age go to next module.**

**SHINGLE1** Have you ever had the shingles or zoster vaccine?

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**INTERVIEWER NOTE (READ IF NECESSARY): Shingles is caused by the chicken pox virus. It is an outbreak of rash or blisters on the skin that may be associated with severe pain. A vaccine for shingles has been available since May 2006; it is called Zostavax®, the zoster vaccine, or the shingles vaccine.**

## Section 16: HIV/AIDS

The next few questions are about the national health problem of HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you don’t have to answer every question if you do not want to. Although we will ask you about testing, we will not ask you about the results of any test you may have had.

**HIVTST6** Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. Include testing fluid from your mouth.

1 Yes

2 No **[GO TO HIVRISK3]**

7 Don’t know /Not sure **[GO TO HIVRISK3]**

9 Refused **[GO TO HIVRISK3]**

**HIVTSTD3** Not including blood donations, in what month and year was your last HIV test?

**NOTE: If response is before January 1985, code “Don’t know.”**

**CATI INSTRUCTION: If the respondent remembers the year but cannot remember the month, code the first two digits 77 and the last four digits for the year.**

**\_ \_ /\_ \_ \_ \_** Code month and year

7 7 /7 7 7 7 Don’t know / Not sure

9 9 /9 9 9 9 Refused / Not sure

**HIVRISK3** I am going to read you a list. When I am done, please tell me if any of the situations apply to you. You do not need to tell me which one**.**

* + You have injected any drug other than those prescribed for you in the past year.
  + You have been treated for a sexually transmitted disease or STD in the past year.
  + You have given or received money or drugs in exchange for sex in the past year.
  + You had anal sex without a condom in the past year.
  + You had four or more sex partners in the past year.

Do any of these situations apply to you?

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

IF STATERES=1 (WYOMING) CONTINUE, ELSE SKIP TO CLOSING STATEMENT.

Transition to Modules and/or State-Added Questions

# **Optional Modules**

## Module 15: Marijuana

**M16\_1** During the past 30 days, on how many days did you use marijuana or hashish?

\_ \_ (1-30) Number of Days

8 8 None (0 days) **[GO TO NEXT MODULE]**

7 7 Don’t know/not sure **[GO TO NEXT MODULE]**

9 9 Refused **[GO TO NEXT MODULE]**

**M16\_2 [CATI NOTE: ASKED ONLY OF CURRENT MARIJUANA USERS].** During the past 30 days, what was the primary mode you used marijuana? Please select one. Did you…

Please read:

1 Smoke it (for example, in a joint, bong, pipe, or blunt)

2 Eat it (for example, in brownies, cakes, cookies, or candy)

3 Drink it (for example, in tea, cola, or alcohol)

4 Vaporize it (for example, in an e-cigarette-like vaporizer or another

vaporizing device )

5 Dab it (for example, using waxes or concentrates)

6 Use it some other way.

**Do not read:**

7 Don’t know/not sure 9 Refused

**M16\_3** When you used marijuana or hashish during the past 30 days, was it for medical reasons to treat or decrease symptoms of a health condition, or was it for non-medical reasons to get pleasure or satisfaction (such as: excitement, to “fit in” with a group, increased awareness, to forget worries, for fun at a social gathering).

**Read if necessary:** 1 Only for medical reasons to treat or decrease symptoms of a health condition

2 Only for non-medical purposes to get pleasure or satisfaction

3 Both medical and non-medical reasons

**Do not read:**

7 Don’t know/Not sure

9 Refused

## Module 16: Preconception Health/Family Planning

**[CATI NOTE: IF RESPONDENT IS FEMALE AND GREATER THAN 49 YEARS OF AGE, IS PREGNANT (PREGNANT=1), OR IF RESPONDENT IS MALE GO TO THE NEXT MODULE.]**

The next set of questions asks you about your thoughts and experiences with family planning. Please remember that all of your answers will be kept confidential.

**PFPPRVN1** Did you or your partner do anything the last time you had sex to keep you from getting pregnant?

1 Yes

2 No **[GO TO NOBCUSE6]**

3 No partner/not sexually active **[GO TO NEXT MODULE]**

4 Same sex partner **[GO TO NEXT MODULE]**

5           Has had a hysterectomy  **[GO TO NEXT MODULE]**

7 Don’t know/Not sure **[GO TO NOBCUSE6]**

9 Refused **[GO TO NOBCUSE6]**

**TYPCNTR7** What did you or your partner do the last time you had sex to keep you from getting pregnant?

**INTERVIEWER NOTE: IF RESPONDENT REPORTS USING MORE THAN ONE METHOD, PLEASE CODE THE METHOD THAT OCCURS FIRST ON THE LIST.**

**INTERVIEWER NOTE: IF RESPONDENT REPORTS USING “CONDOMS,” PROBE TO DETERMINE IF “FEMALE CONDOMS” OR MALE CONDOMS.”**

**INTERVIEWER NOTE: IF RESPONDENT REPORTS USING AN “IUD” PROBE TO DETERMINE IF “LEVONORGESTREL IUD” OR “COPPER-BEARING IUD.”**

**INTERVIEWER NOTE: IF RESPONDENT REPORTS “OTHER METHOD,” ASK RESPONDENT TO “PLEASE BE SPECIFIC” AND ENSURE THAT THEIR RESPONSE DOES NOT FIT INTO ANOTHER CATEGORY. IF RESPONSE DOES FIT INTO ANOTHER CATEGORY, PLEASE MARK APPROPRIATELY.**

**Read only if necessary:**

01 Female sterilization (ex. Tubal ligation, Essure, Adiana) **[GO TO NEXT MODULE]**

02 Male sterilization (vasectomy) **[GO TO NEXT MODULE]**

03 Contraceptive implant (ex. Implanon) **[GO TO NEXT MODULE]**

04 Levonorgestrel (LEE-voe-nor-JES-trel) (LNG) or hormonal IUD (ex. Mirena) **[GO TO NEXT MODULE]**

05 Copper-bearing IUD (ex. ParaGard) **[GO TO NEXT MODULE]**

06 IUD, type unknown **[GO TO NEXT MODULE]**

07 Shots (ex. Depo-Provera) **[GO TO NEXT MODULE]**

08 Birth control pills, any kind **[GO TO NEXT MODULE]**

09 Contraceptive patch (ex. Ortho Evra) **[GO TO NEXT MODULE]**

10 Contraceptive ring (ex. NuvaRing) **[GO TO NEXT MODULE]**

11 Male condoms **[GO TO NEXT MODULE]**

12 Diaphragm, cervical cap, sponge **[GO TO NEXT MODULE]**

13 Female condoms **[GO TO NEXT MODULE]**

14 Not having sex at certain times (rhythm or natural family planning) **[GO TO NEXT MODULE]**

15 Withdrawal (or pulling out) **[GO TO NEXT MODULE]**

16 Foam, jelly, film, or cream **[GO TO NEXT MODULE]**

17 Emergency contraception (morning after pill) **[GO TO NEXT MODULE]**

18 Other method **[GO TO NEXT MODULE]**

Do not read:

77 Don’t know/Not sure

99 Refused

Some reasons for not doing anything to keep you from getting pregnant the last time you had sex might include wanting a pregnancy, not being able to pay for birth control, or not thinking that you can get pregnant.

**NOBCUSE6** What was your main reason for not doing anything the LAST TIME YOU HAD SEX to keep you from getting pregnant?

**INTERVIEWER NOTE: IF RESPONDENT REPORTS “OTHER REASON,” ASK RESPONDENT TO “PLEASE SPECIFY” AND ENSURE THAT THEIR RESPONSE DOES NOT FIT INTO ANOTHER CATEGORY. IF RESPONSE DOES FIT INTO ANOTHER CATEGORY, PLEASE MARK APPROPRIATELY.**

**Read only if necessary:**

1. You didn’t think you were going to have sex/no regular partner

02 You just didn’t think about it

03 Don’t care if you get pregnant

04 You want a pregnancy

05 You or your partner don’t want to use birth control

06 You or your partner don’t like birth control/side effects

07 You couldn’t pay for birth control

08 You had a problem getting birth control when you needed it

09 Religious reasons

10 Lapse in use of a method

11 Don’t think you or your partner can get pregnant (infertile or too old)

12 You had tubes tied (sterilization)

13 You had a hysterectomy

14 Your partner had a vasectomy (sterilization)

15 You are currently breast-feeding

16 You just had a baby/postpartum

17 You are pregnant now

18 Same sex partner

19 Other reasons

77 Don’t know/Not sure

99 Refused

## Module 20: Lung Cancer Screening

**CATI NOTE: IF CORE SMOKE100=1 (YES) AND SMOKDAY2= 1, 2, OR 3 (EVERY DAY, SOME DAYS, OR NOT AT ALL) CONTINUE, ELSE GO TO M21\_4.**

You’ve told us that you have smoked in the past or are currently smoking. The next questions are about screening for lung cancer.

**M21\_1** How old were you when you first started to smoke cigarettes regularly?

**INTERVIEWER NOTE: REGULARLY IS AT LEAST ONE CIGARETTE OR MORE ON DAYS THAT A RESPONDENT SMOKES (EITHER EVERY DAY OR SOME DAYS) OR SMOKED (NOT AT ALL).**

\_ \_ \_ Age in Years **(RANGE 001 – 100)**

7 7 7 Don't know/Not sure

8 8 8     Never smoked cigarettes regularly  **[GO TO M21\_4]**

9 9 9 Refused

**{CATI: If (M21\_1 = 01-99 and AGE = 18-99) AND (M21\_1 > AGE), continue; else go to M21\_2}**

**[CATI INSTRUCTION/ INTERVIEWER NOTE: (IF RESPONDENT INDICATES AGE INCONSISTENT WITH PREVIOUSLY ENTERED AGE) THE RESPONDENT INDICATED THEIR AGE TO BE \_\_ YEARS OLD. YOU INDICATED THEY STARTED SMOKING REGULARLY AT THE AGE OF \_\_\_ YEARS. PLEASE VERIFY THAT THIS IS THE CORRECT ANSWER AND CHANGE THE AGE OF THE RESPONDENT REGULARLY SMOKING OR MAKE A NOTE TO CORRECT THE AGE OF THE RESPONDENT.]**

**UPDTAGAS** I’m sorry, you indicated you were **{CATI: fill-in response from AGE}** years old, and first started to smoke cigarettes regularly at age **{CATI: fill-in response from M21\_1}**. What was your age when you FIRST started to smoke cigarettes regularly?

Update age **GO TO AGE**

Update smoking age **GO TO M21\_1**

**M21\_2** How old were you when you last smoked cigarettes regularly?

**INTERVIEWER NOTE: REGULARLY IS AT LEAST ONE CIGARETTE OR MORE ON DAYS THAT A RESPONDENT SMOKES (EITHER EVERY DAY OR SOME DAYS) OR SMOKED (NOT AT ALL)..**

\_ \_ \_ Age in Years **(RANGE 001 – 100)**

7 7 7 Don't know/Not sure

9 9 9 Refused

**{CATI: If (M21\_2 = 01-99 and AGE = 18-99) AND (M21\_2 > AGE), continue; else go to M21\_3}**

**UPDTAGAS** I’m sorry, you indicated you were **{CATI: fill-in response from AGE}** years old, and last smoked cigarettes regularly at age **{CATI: fill-in response from M21\_2}**. What was your age when you LAST smoked cigarettes regularly?

Update age **GO TO AGE**

Update smoking age **GO TO M21\_2**

**{CATI: If (M21\_2 < M21\_1), continue; else go to M21\_3}**

**UPDTAGAS** I’m sorry, you indicated you were **{CATI: fill-in response from M21\_2}** years old when you last smoked cigarettes regularly, but you were **{CATI: fill-in response from M21\_1}** old when you first smoked cigarettes regularly. What was the age when you FIRST started to smoke cigarettes regularly?

**Go back to** **M21\_1**

**M21\_3** On average, when you **[smoke/smoked]** regularly, about how many cigarettes **[do/did]** you usually smoke each day?

**INTERVIEWER NOTE: REGULARLY IS AT LEAST ONE CIGARETTE OR MORE ON DAYS THAT A RESPONDENT SMOKES (EITHER EVERY DAY OR SOME DAYS) OR SMOKED (NOT AT ALL)..**

**INTERVIEWER NOTE: RESPONDENTS MAY ANSWER IN PACKS INSTEAD OF NUMBER OF CIGARETTES. BELOW IS A CONVERSION TABLE:**

**0.5 PACK = 10 CIGARETTES 1.75 PACK = 35 CIGARETTES**

**0.75 PACK = 15 CIGARETTES 2 PACKS = 40 CIGARETTES**

**1 PACK = 20 CIGARETTES 2.5 PACKS= 50 CIGARETTES**

**1.25 PACK = 25 CIGARETTES 3 PACKS= 60 CIGARETTES**

**1.5 PACK = 30 CIGARETTES**

\_ \_ \_ Number of cigarettes

7 7 7 Don't know/Not sure

9 9 9 Refused

**M21\_4** The next question is about CT or CAT scans. During this test, you lie flat on your back on a table. While you hold your breath, the table moves through a donut shaped x-ray machine while the scan is done. In the last 12 months, did you have a CT or CAT scan?

**Read only if necessary:**

1 Yes, to check for lung cancer

2 No (did not have a CT scan)

3 Had a CT scan, but for some other reason

**Do not read:**

7 Don't know/not sure

9 Refused

## Module 24: Social Determinants of Health

**M25\_1** During the last 12 months, was there a time when you were not able to pay your mortgage, rent or utility bills?

1 Yes

2 No

7 Don’t know/not sure

9 Refused

**M25\_2** In the last 12 months, how many times have you moved from one home to another?

\_ \_ Number of moves in past 12 months **[Range: 01-52]**

88 None (Did not move in past 12 months)

77 Don’t know/Not sure

99 Refused

**M25\_3** How safe from crime do you consider your neighborhood to be? Would you say…

**Please read:**

1 Extremely safe

2 Safe

3 Unsafe

4 Extremely unsafe

**Do not read:**

7 Don’t know/Not sure

9 Refused

For the next two statements, please tell me whether the statement was often true, sometimes true, or never true for you in the last 12 months (that is, since last **[CATI NOTE: NAME OF CURRENT MONTH]**)

**M25\_4** The first statement is, “The food that I bought just didn’t last, and I didn’t have money to get more.”Was that often, sometimes, or never true for you in the last 12 months?

1 Often true,

2 Sometimes true, or

3 Never true

**Do not read:**

7 Don’t Know/Not sure

9 Refused

**M25\_5** “I couldn’t afford to eat balanced meals.” Was that often, sometimes, or never true for you in the last 12 months?

1 Often true,

2 Sometimes true, or

3 Never true

**Do not read:**

7 Don’t Know/Not sure

9 Refused

**M25\_6** In general, how do your finances usually work out at the end of the month? Do you find that you usually:

**Please read:**

1 End up with some money left over,

2 Have just enough money to make ends meet, or

3 Do not have enough money to make ends meet

**Do not read:**

7 Don’t Know/Not sure

9 Refused

**M25\_7** Stress means a situation in which a person feels tense, restless, nervous, or anxious, or is unable to sleep at night because his/her mind is troubled all the time. Within the last 30 days, how often have you felt this kind of stress?

**Please read:**

1 None of the time,

2 A little of the time,

3 Some of the time,

4 Most of the time, or

5 All of the time

**Do not read:**

7 Don't know/not sure

9 Refused

**CLOSING STATEMENT**

That was my last question. Everyone’s answers will be combined to help us provide information about the health practices of people in **[IF STATERES=1, DISPLAY “**WYOMING”**, ELSE DISPLAY “**this state”**].** Thank you very much for your time and cooperation.

**ASTSTAT = 1**

**Language Indicator**

**[INTERVIEWER: DO NOT READ THIS TO RESPONDENT]**

**Lang1.** In what language was this interview completed?

(QSTLANG)

1 English

2 Spanish

## Activity List for Common Leisure Activities (To be used for Section 13: Physical Activity)

**Code Description (Physical Activity, Questions EXERACT3 and EXERACT4 above)**

01 Active Gaming Devices (Wii Fit, Dance, Dance revolution)

02 Aerobics video or class

03 Backpacking

04 Badminton

05 Basketball

06 Bicycling machine exercise

07 Bicycling

08 Boating (Canoeing, rowing, kayaking, sailing for pleasure or camping)

09 Bowling

10 Boxing

11 Calisthenics

12 Canoeing/rowing in competition

13 Carpentry

14 Dancing-ballet, ballroom, Latin, hip hop, Zumba, etc.

15 Elliptical/EFX machine exercise

16 Fishing from river bank or boat

17 Frisbee

18 Gardening (spading, weeding, digging, filling)

19 Golf (with motorized cart)

20 Golf (without motorized cart)

21 Handball

22 Hiking – cross-country

23 Hockey

24 Horseback riding

25 Hunting large game – deer, elk

26 Hunting small game – quail

27 Inline Skating

28 Jogging

29 Lacrosse

30 Mountain climbing

31 Mowing lawn

32 Paddleball

33 Painting/papering house

34 Pilates

35 Racquetball

36 Raking lawn/trimming hedges

37 Running

38 Rock climbing

39 Rope skipping

40 Rowing machine exercises

41 Rugby

42 Scuba diving

43 Skateboarding

44 Skating – ice or roller

45 Sledding, tobogganing

46 Snorkeling

47 Snow blowing

48 Snow shoveling by hand

49 Snow skiing

50 Snowshoeing

51 Soccer

52 Softball/Baseball

53 Squash

54 Stair climbing/Stair master

55 Stream fishing in waders

56 Surfing

57 Swimming

58 Swimming in laps

59 Table tennis

60 Tai Chi

61 Tennis

62 Touch football

63 Volleyball

64 Walking

66 Waterskiing

67 Weight lifting

68 Wrestling

69 Yoga

71 Childcare

72 Farm/Ranch Work (caring for livestock, stacking hay, etc.)

73 Household Activities (vacuuming, dusting, home repair, etc.)

74 Karate/Martial Arts

75 Upper Body Cycle (wheelchair sports, ergometer

76 Yard work (cutting/gathering wood, trimming, etc.)

98 Other\_\_\_\_\_

99 Refused